

Teacher Certification
Nebraska Department of Education
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NDE 20-009
Revised 10/04

VERIFICATION OF SUCCESSIVE EXPERIENCE

FOR A NEBRASKA CERTIFICATE

This form is used to verify experience for initial issuance, to renew a certificate, establish recency, and waive the basic skills competency test requirement. **A completed application form must also be submitted.**

Please note the difference in the definition of 'experience':

- **Experience required to renew a certificate, establish recency, or for initial issuance** is defined as employment, half-time or more, for two consecutive years in the same approved or accredited school system. This experience must have been acquired within the past five years while holding a regular valid certificate issued by that state.
- **Experience required to waive the basic skills competency test** is defined as employment, half-time or more, for three consecutive years in an approved or accredited school while holding a valid certificate issued by that state. The certificate must have been issued on the basis of completion of an approved teacher education program.

Social Security Number* _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Position/Assignment/Grade School Name School Year

Position/Assignment/Grade School Name School Year

Position/Assignment/Grade School Name School Year

**Signature of Superintendent or Authorized Board Member _____ Date _____

Official Title _____ City _____ State _____ Zip Code _____

** If experience was obtained in a non-public school, the signature of the area or diocesan superintendent is required.

*The requirement that a certificate applicant provide his/her social security number is contained in *Neb. Rev. Stat. 79-810*. The uses that will be made of this number are criminal background checks prior to issuance of a certificate and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate holders.